



Homeowner Profile / Move-in Form

Please fax to (206) 443-1672 or email to concierge@ellingtonconcierge.net

MOVE IN DATE:		
REGISTRATION FEE:	Check #	Dated

HOMEOWNER RESIDENT 1	HOMEOWNER RESIDENT 2
Unit Address/No:	
A Second Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this unit a rental unit: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please have renter fill out separate renter profile.	
Legal Owner Name(s):	
Mailing/Billing Address:	
Children/other FAMILY: (residing at ELLINGTON)	
Home Telephone:	
Cell Telephone:	
Work Telephone:	
Fax Telephone:	
Emergency Contact: Name/Tel/Relationship	
Email Address: Send mailings via email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle: Yr/Make/License	
Pet(s):	
Bicycle(s): Make/Model/Color/Serial #	

Please list key access numbers below or contact the concierge for an audit of all access keys.

FOB 1:	FOB 2:	Prox CARD 1:	Garage Remote 1:	Garage Remote 2:
NOTES:				

- For Ellington Use Only. Concierge on Duty: _____
- Yes No Move procedures explained to Residents?
 - Sentex number Activated by _____
 - Access Device numbers Activated by _____
 - Information recorded on Elevator Reservation Calendar
 - Information revised in MS Outlook - contact list.
 - Form Faxed to MO 206-448-7070
 - Form Faxed to SUHRCO 425-462-1943
 - Ready to File in Unit File